

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90159 042 \*\*\*150.00

**DOCUMENT # P95000052954**

1. Entity Name

M.R.P. INC.



Principal Place of Business

1350 PENNSYLVANIA AVE.  
201  
MIAMI BEACH FL 33139

Mailing Address

1350 PENNSYLVANIA AVE.  
201  
MIAMI BEACH FL 33139



2. Principal Place of Business

7600 COLLINS AVE

Suite, Apt. #, etc.

SUITE 909

City & State

MIAMI BEACH FLORIDA

3. Mailing Address

7600 COLLINS AVE

Suite, Apt. #, etc.

SUITE 909

City & State

MIAMI BEACH FLORIDA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0598480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARIENTE, ROBERTO  
1350 PENNSYLVANIA AVE.  
201  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name PARIENTE, ROBERTO

Street Address (P.O. Box Number is Not Acceptable)

7600 COLLINS AVE APT 909

City MIAMI BEACH

FL

Zip Code  
33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* ROBERTO PARIENTE  
PRES

(NOTE: Registered Agent signature required when reinstating)

MARCH 30 05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARIENTE, ROBERT	
STREET ADDRESS	1350 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	P	<input type="checkbox"/> Delete
NAME	PARIENTE, ROBERT	
STREET ADDRESS	1350 PENNSYLVANIA AV (201)	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIENTE ROBERT	
STREET ADDRESS	7600 COLLINS AVE (#909)	CHANGES OF ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIENTE ROBERT	
STREET ADDRESS	7600 COLLINS AVE (#909)	CHANGES OF ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* ROBERTO PARIENTE, PW MARCH 30/05 3058667559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #